Approved, SCAO OSM CODE: SPC

STATE OF MICHIGAN

PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	STATEMENT ANI	D PROOF OF CLAIM		
Estate of				
I,Creditor's name				
	DESCRIPTION OF CLA	AIM		AMOUNT
		7		
There	e is now due on the clai	m, above all legal set-offs,	, the sum of:	
☐ Notice to interested persons: This i decedent. A hearing will be held to de				
I declare under penalties of perjury tha to the best of my information, knowled		of of claim has been exam	ined by me and	that its contents are true
Attorney signature		Date		
Name (type or print)	Bar no.	Claimant signature		
Address		Address		
City, state, zip	Telephone no.	City, state, zip		Telephone no.
* 1. Describe nature of claim or attach	statement. Attach copy	of receipt or other eviden	ce of payment i	f submitted by assignee.
2. Claims must be presented either p This claim may also be filed with the				presentment of claims.
-	PLEASE SE	E OTHER SIDE	-	
	Do not write below	this line - For court use only		

PROOF OF SERVICE

I served upon Name		,
fiduciary, a copy of this statemen	t and proof of claim on Date	by State manner and address of service
I declare under the penalties of pe of my information, knowledge, an		ed by me and that its contents are true to the best
Date	Signature	
	ACKNOWLEDGMENT OF SERVI	CE
Service of the attached statemen	t and proof of claim is acknowledged.	
Date	Signature	